

1. Classic clinical manifestations of diabetes include polyuria, polydipsia, and polyphagia.
2. The three main clinical features of diabetic ketoacidosis are hyperglycemia, dehydration with electrolyte loss, and acidosis.
3. What are the different types of insulins? Please give examples for each category.
 - Rapid acting: humalog
 - Short acting: humulin R
 - Intermediate acting: humulin NPH
 - Mixed insulin: novolog 30, Humalog mix 25, Humalog mix 50
 - Long acting insulin: lantus, levemir
4. What type of insulin can be given via intravenously?
 - Human regular insulin
5. A nurse is caring for a client who has syndrome of inappropriate antidiuretic hormone (SIADH).

Which of the following findings should the nurse expect? (Select all that apply)

- a. Decreased blood sodium
 - b. Urine specific gravity 1.001
 - c. Blood osmolarity 230 mOsm/L
 - d. Polyuria
 - e. Increased thirst
6. What is the difference between DKA and HHS?
 - They differ by the presence of ketoacidosis and the degree of hyperglycemia. In DKA metabolic acidosis is a finding. Glucose is below 800mg/dl and usually between 300-500 mg/dl. Develops very rapidly. In HHS there is no ketoacidosis and the serum glucose exceeds 1000 mg/dl. It takes days to develop.

7. A nurse is reviewing laboratory results for a client who has Addison's disease. Which of the following laboratory results should the nurse expect for this client? (Select all that apply)

- a. Sodium 130 mEq/L
- b. Potassium 6.1 mEq/L
- c. Calcium 11.6 mg/dL
- d. Blood urea nitrogen (BUN) 28 mg/dL
- e. Fasting blood glucose 148 mg/dL

8. What are treatments utilized in hypoglycemia (for both conscious and unconscious patients)?

- 15-20 grams of fast acting carbs for conscious patients.
- Glucagon injection for unconscious patients

9. Describe in your own words what Pheochromocytoma is.

- Noncancerous tumor of the adrenal gland

10. For the following disorders, please describe the hormone affected and indicate if it is increased or decreased. Then describe what those hormones are responsible for.

- a. Cushing's Disease/Syndrome
 - o Cortisol: increased cortisol. Steroid hormone that regulates the body's metabolism and immune response. Fight of flight hormone that tells the body when it's in danger.
- b. Addison Disease/Addisonian Crisis
 - o Cortisol: decreased cortisol. Steroid hormone that regulates the body's metabolism and immune response. Fight of flight hormone that tells the body when it's in danger.
 - o Aldosterone: decreased aldosterone. Steroid hormone that regulates salt and water in the body.
- c. SIADH

- o Antidiuretic hormone: elevated ADH. Acts to maintain blood pressure, blood volume and tissue water content. This increased level causes decreased urine.
- d. Diabetes Insipidus
 - o ADH: decreased ADH. Acts to maintain blood pressure, blood volume and tissue water content.
- e. Thyroid Storm/Crisis
 - o TSH: decreased TSH. It is the primary stimulator for thyroid hormone production by the thyroid gland
- f. Myxedema Coma
 - o TSH: elevated TSH. It is the primary stimulator for thyroid hormone production by the thyroid gland